DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No.: 11610 47 As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD FOR MANUFACTURING DIODE SUBASSEMBLIES USED IN RECTIFIER ASSEMBLIES OF ENGINE DRIVEN GENERATORS, the specification of which: (check one) ___ is attached hereto X was filed on August 13, 2001 as Application Serial No. 09/928,974 and was amended on ___

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

(if applicable)

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulation, 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, 119, of any United States application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the date of the application on which priority is claimed:

Prior U.S.	(Provisional) Application:	Priorit	y Claimed
60/228,38	1 28 August 2000	[X]	[]
(Number)		Yes	No

I hereby claim the benefit under Title 35, United States Code, 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

			_
Appln Serial No.)	(Filing Date)	(Status)	
(Appln Serial No.)	(Filing Date)	(Status)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

English Language Declaration

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: **Christopher F. Regan**, Reg. No. 34,906; **Herbert L. Allen**, Reg. No. 25,322; **David L. Sigalow**, Reg. No. 36,006;

Jeffrey S. Whittle, Reg. No. 36,382; Richard K. Warther, Reg. No. 32,180; Michael W. Taylor, Reg. No. 43,182; Enrique Estevez, Reg. No. 37,823; Paul J. Ditmyer, Reg. No. 40,455; John F. Woodson, II, Reg. No. 45,236; and Charles E. Wands, Reg. No. 25,649; Jacqueline E. Hartt, Reg. No. 37,845; Mark R. Malek, Reg. No. 46,894; and Richard A. Hinson, Reg. No. 47,652.

Send Correspondence to:

RICHARD K. WARTHER, ESQUIRE

ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.

P.O. Box 3791

Orlando, Florida 32802-3791

Direct Telephone Calls to:

Richard K. Warther (407) 841-2330

Full name of (first) inventor: Bahman ROOZROKH

Inventor's Signature: Date: 9-4-01

Residence: Casselberry, Florida

Citizenship: Citizen of United States
Mailing Address: 2920 Durin Court

Casselberry, Florida 32707

Full name of second inventor: Michael E. FISCHER

Inventor's

Signature: 777

Residence: Casselbérry, Florida Citizenship: Citizen of United States

Mailing Address: 207 Shadyhollow

Casselberry, Florida 32707